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APPLICANTS

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OK TM

** CONTINUING DATA *****

This application is a CIP of 09/836,769 04/17/2001 PAT 7,044,358

OK TM

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 03/16/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY WI	SHEETS DRAWING 8	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
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ADDRESS

23598
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TITLE

Two-sided roll support with multiple ribs

FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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